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22840 7590 10/04/2007

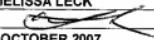
**GE HEALTHCARE BIO-SCIENCES CORP.**  
**PATENT DEPARTMENT**  
**800 CENTENNIAL AVENUE**  
**PISCATAWAY, NJ 08855**

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**Submitted via EFS**

<b>MELISSA LECK</b>		(Depositor's name)
		(Signature)
<b>12 OCTOBER 2007</b>		(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/722,061	11/25/2003	Robert Karlsson	B 519	4156

**TITLE OF INVENTION: METHOD OF DETERMINING SITE-SPECIFICITY AND KIT THEREFOR**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$1740	01/04/2008
EXAMINER	ART UNIT	CLASS-SUBCLASS			
LAM, ANN Y	1641	435-040500			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122 attached).	2
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.	3

1 YONGGANG JI

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

GE HEALTHCARE BIO-SCIENCES AB

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

UPPSALA, SWEDEN

Please check the appropriate assignee category or categories (will not be printed on the patent):		<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation or other private group entity	<input type="checkbox"/> Government
4a. The following fee(s) are enclosed:		<input type="checkbox"/> Payment of Fee(s):		
<input type="checkbox"/> Issue Fee		<input type="checkbox"/> A check in the amount of the fee(s) is enclosed.		
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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Yong J. Date **12 OCTOBER 2007**  
 Typed or printed name **YONGGANG JI** Registration No. **53073**

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